

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-678)

SERIAL NO. 10023455
FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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50						
TOTAL IND.	1		3			
TOTAL DER.						
TOTAL CLAIMS			10			

	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS